

**Work Order ID 148757**

July 06, 2016 4:01:47 PM

**\*148757\***

Page 1

Item ID: D212-664-101TRN

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Crosstube Turning Detail

Start Date: 7/6/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/13/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan:

SM

Date:

7/6/16

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D212-664-141

E

100

0.03

**\*100\***

Mori Seiki

MORI SEIKI CNC LATHE LARGE

Memo

0.18

Mori Seiki CNC Lathe Large

1- Fill tube with sand &amp; install plugs 212-141 on both ends as per Folio FA113

2- Face both side of tube

3- Turn first taper section on both side as per folio FA113

4- Blend transition lines only with belt sander 60 grit \*\*Do not sand whole tube\*\*

FOLIO REV: AEDWG REV: EDAS  
49  
9-89

110

0.00

**\*110\***

QC

QC2- Inspect parts off machine FAI/FAIB

Memo

0.00

Quality Control

DAS  
49  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                               |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                               |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><b>Completed By</b><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                               |  |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | <b>OTHER :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                               |  |  |

**Work Order ID 148757**

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**\*148757\***

Page 2

Item ID: D212-664-101TRN

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Crosstube Turning Detail

Start Date: 7/6/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/13/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 120                            | MORI SEIKI CNC LATHE LARGE                                                              | 0.00                 |         |        |              | 1             | 0             |                  | VHS            |
| <b>*120*</b>                   |                                                                                         |                      |         |        |              |               |               |                  |                |
| Mori Seiki                     | <b>Memo</b>                                                                             | 0.32                 |         |        |              |               |               |                  |                |
| Mori Seiki CNC Lathe Large     | 1- Turn second taper on both side                                                       |                      |         |        |              |               |               |                  |                |
|                                | 2- Blend transition lines only with belte sander 60 grit, **Do not sand whole tube**:   |                      |         |        |              |               |               |                  |                |
|                                | FOLIO REV: <u>AA</u>                                                                    |                      |         |        |              |               |               |                  |                |
|                                | DWG REV: <u>E</u>                                                                       |                      |         |        |              |               |               |                  |                |
|                                | 3- Remove sand and plugs                                                                |                      |         |        |              |               |               |                  |                |
|                                | 4- Scribe part # and batch # using vibrating stylus on the cuff as per Dwg D212-664-141 |                      |         |        |              |               |               |                  |                |
| 130                            | QC2- Inspect parts off machine FAI/FAIB                                                 | 0.00                 |         |        |              | 1             | 0             |                  | VHS            |
| <b>*130*</b>                   |                                                                                         |                      |         |        |              |               |               |                  |                |
| QC                             | <b>Memo</b>                                                                             | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                | + PERFORM ULTRA SONIC MEASUREMENT                                                       |                      |         |        |              |               |               |                  |                |

DAS  
49  
9-89DAS  
49  
9-89

16/7/12

16/7/11



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                     |  |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |  |  |

# Work Order ID 148757

July 06, 2016 4:01:47 PM

**\*148757\***

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Item ID: D212-664-101TRN Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Crosstube Turning Detail  
 Start Date: 7/6/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 7/13/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                                 | Operation<br>Description                                                                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                     |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|------------------------------------|
| 140<br><b>*140*</b><br>QC<br>Quality Control                   | QC8- Inspect parts - second check<br><br>Memo<br>+ CHECK ULTRA SONIC MEASUREMENT AND ORIENTATION FOR BENDING               | 0.00<br><br>0.00     |         |        |              | <u>1</u>      | <u>8</u>      |                  | DAS 32 47<br>9-89 9-89<br>15-07-19 |
| 145<br><b>*145*</b><br>Crosstubes<br>Crosstubes                | Memo<br>GRIND ONLY TRANSITION LINES SMOOTH LONGITUDE WAY.                                                                  | 0.00<br><br>0.08     |         |        |              |               |               |                  | <u>Tw</u> <u>17-03-20</u>          |
| 150<br><b>*150*</b><br>HandFXtube<br>Hand Finishing Crosstubes | Memo<br>1- PRESSURE WASH X-TUBE INSIDE AND OUT<br><br>2- ALODINE AND ACID ETCH X-TUBE INSIDE AND OUT. USE RED SCOTCH BRITE | 0.00<br><br>0.09     |         |        |              |               |               |                  | (x1) <u>201703/28</u><br>BEB       |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | MRB (QSI042) Approval                                                                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| <div style="position: absolute; top: 40%; left: 5%; color: blue; font-weight: bold;">           2AG<br/>74<br/>28 0         </div>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |



**Work Order ID 148757**

July 06, 2016 4:01:47 PM

**\*148757\***

Page 4

**Item ID:** D212-664-101TRN**Accept****\*N900040100\*****Setup Start****\*NS1\*****Revision ID:****Item Name:** Crosstube Turning Detail**Stop****\*NS2\*****Start Date:** 7/6/2016 **Start Qty:** 1.00**\*1\*****Cust Item ID:****Required Date:** 7/13/2016 **Req'd Qty:** 1.00**\*1\*****Customer:****Reference:****Approvals:** **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Run Start****\*NR1\*****QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stop****\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 160                            | QC7-Inspect Chemical Conversion Coat        | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*160*</b>                   |                                             |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                        | 0.00                 |         |        |              |               |               |                  | DAS<br>37<br>9-89 |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                   |
| 170                            | Packaging                                   | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*170*</b>                   |                                             |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                        | 0.00                 |         |        |              |               |               |                  | DAS<br>37<br>9-89 |
| Packaging                      | LOCATION : LG014                            |                      |         |        |              |               |               |                  |                   |
| 180                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*180*</b>                   |                                             |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                        | 0.02                 |         |        |              |               |               |                  |                   |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                   |

DAS  
21  
9-89  
MAR 30 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
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# Picklist Print

July 06, 2016 4:01:46 PM

Page 1

Work Order ID: 148757

**\*148757\***

Parent Item: D212-664-101TRN

**\*D212-664-101TRN\***

Parent Item Name: Crosstube Turning Detail

Start Date: 7/6/2016

Required Date: 7/13/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 08-03-06 new issue DD verified by:ec  
IPP Rev B 08.04.02 removed Polish EC verified by: DD

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D6005-128                       |                        | Manufactured  | No          |                     |                  | 120             | Each               | 97.0000        | 1           | 1            |               |                |        |

**\*D6005-128\***

**\*\***

Crosstube Material

| Location          | Loc Qty | Loc Code |
|-------------------|---------|----------|
| HALL              | 54      |          |
| 123963            | 24      |          |
| 139414            | 30      |          |
| LG003             | 43      |          |
| <del>123965</del> | 28      |          |
| 75642             | 15      |          |

DAS  
49  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

54 148757 7/6/16

| Item | Qty<br>-141 | Qty<br>-141B | Qty<br>-141F | Part Number     | Description                                             |
|------|-------------|--------------|--------------|-----------------|---------------------------------------------------------|
| 1    | X           |              |              | D212-664-141    | CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)               |
| 2    |             | X            |              | D212-664-141B   | CROSSTUBE ASSEMBLY (214 HIGH FWD)                       |
| 3    |             |              | X            | D212-664-141F   | CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)<br>(ANODIZED) |
| 4    | 1           | 1            | 1            | D6005-128       | CROSSTUBE                                               |
| 5    | 2           |              | 2            | D2893-1         | SUPPORT                                                 |
| 6    | 4           | 4            | 4            | D3595-063-450   | RUBBER CUSHION                                          |
| 7    |             | 2            |              | D5017-1         | SUPPORT                                                 |
| 8    | 4           | 4            | 4            | MS21920-25      | CLAMP (OR MS21920-28)                                   |
| 9    | A/R         | A/R          | A/R          | PROSEAL 890 B-2 | SEALANT, AMS-S-8802 CLASS B-2                           |

#### GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6005-128  
FINISHED LENGTH = 126.514±0.020
- 2) FINISH -141 & -141B: a) CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
b) PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
c) MASK UNDERSIDE OF CROSSTUBE AS SHOWN (ZN C8-2 / C8-3, HATCHED AREA)  
d) PAINT OUTSIDE PER DART QSI 005 4.2  
e) REMOVE MASKING AND APPLY MATTE CLEAR COAT
- FINISH -141F: a) ANODIZE PER MIL-A-8625, TYPE II, CLASS 1.  
b) ALODINE (DO NOT ETCH) PER QSI 005 4.1.2  
c) PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
d) MASK UNDERSIDE OF CROSSTUBE AS SHOWN (ZN C8-2 / C8-3, HATCHED AREA)  
e) PAINT OUTSIDE PER DART QSI 005 4.2  
f) REMOVE MASKING AND APPLY MATTE CLEAR COAT

**\*NOTE:** BETWEEN FINISHING OPERATIONS EXTREME CARE MUST BE TAKEN NOT TO CONTAMINATE OR DAMAGE FINISHED SURFACES.

- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS
- 7) WEIGHT: D212-664-141/-141B/-141F = 33.8 lbs
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.

#### MACHINING

- 10) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.

#### BENDING

- 11) BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 7.2% (BASED ON O.D.) IN LOWER HALF OF R35.5 BEND AND 6% (BASED ON O.D.) ON REMAINING TUBE.
- 12) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.

#### ASSEMBLY

- 13) TO INSTALL D2893-1 / D5017-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 14) INSTALL MS21920-25 CLAMPS (OR -28) WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE ON TOP SIDE OF CROSSTUBE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.

RELEASED  
2014-05-26  
WD

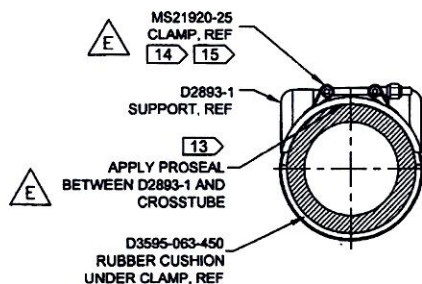
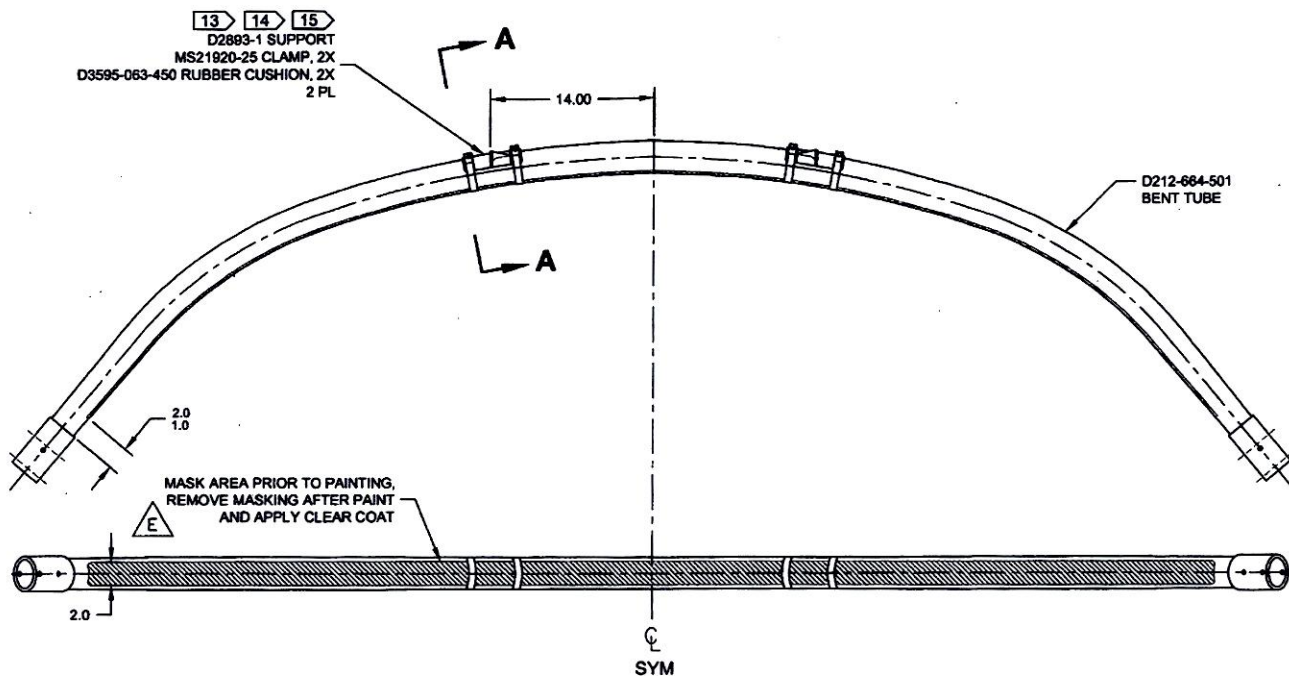
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|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| E          | ADD -141F, D5017-1 WAS D2893-1 (-141B), PROSEAL WAS MAGNOBOND, NOTE 2: ADD INSPECTION WINDOW, NOTE 11: ALLOW 7.2% CRUSH, NOTE 15: ADD 72HR CURE AND RETORQUE FOR PROSEAL, ADD SHEET 3, CLAMPS REVERSED TO PREVENT CHAFING (B7-2, B7-3), BEND HEIGHT TOL. NOW 0.25 WAS 0.13 (C1-3), INCORP. DEO D-11-2/3 | CP | 14.04.01 |
| D          | REFORMAT/REVISE GENERAL NOTES/PART LIST: REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -141B (ZN B4-2, D4-2); REMOVED REF & ADD TOLERANCES (ZN B4-3, C8-3, C8-3 & B6-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4          | RF | 09.09.30 |
| C          | REMOVE -851 ABRASION STRIP; ADD MAGNOBOND 6396, CUSHION, REVERSE CLAMPS                                                                                                                                                                                                                                 | PH | 07.03.08 |
| B          | ADD HOLES FOR COMPATIBILITY WITH BHT/AA SKIDTUBES                                                                                                                                                                                                                                                       | PH | 05.02.04 |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                                               | CP | 00.12.12 |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                                                             | BY | DATE     |
| DESIGN     |                                                                                                                                                                                                                                                                                                         |    |          |
| DRAWN      |                                                                                                                                                                                                                                                                                                         |    |          |
| CHECKED    |                                                                                                                                                                                                                                                                                                         |    |          |
| MFG. APPR. |                                                                                                                                                                                                                                                                                                         |    |          |
| APPROVED   |                                                                                                                                                                                                                                                                                                         |    |          |
| DE APPR.   |                                                                                                                                                                                                                                                                                                         |    |          |
| DATE       | 14.04.01                                                                                                                                                                                                                                                                                                |    |          |

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. E  
D212-664-141 SHEET 1 OF 5  
TITLE SCALE  
XTUBE ASSY (205/212/412 HI FWD) NTS

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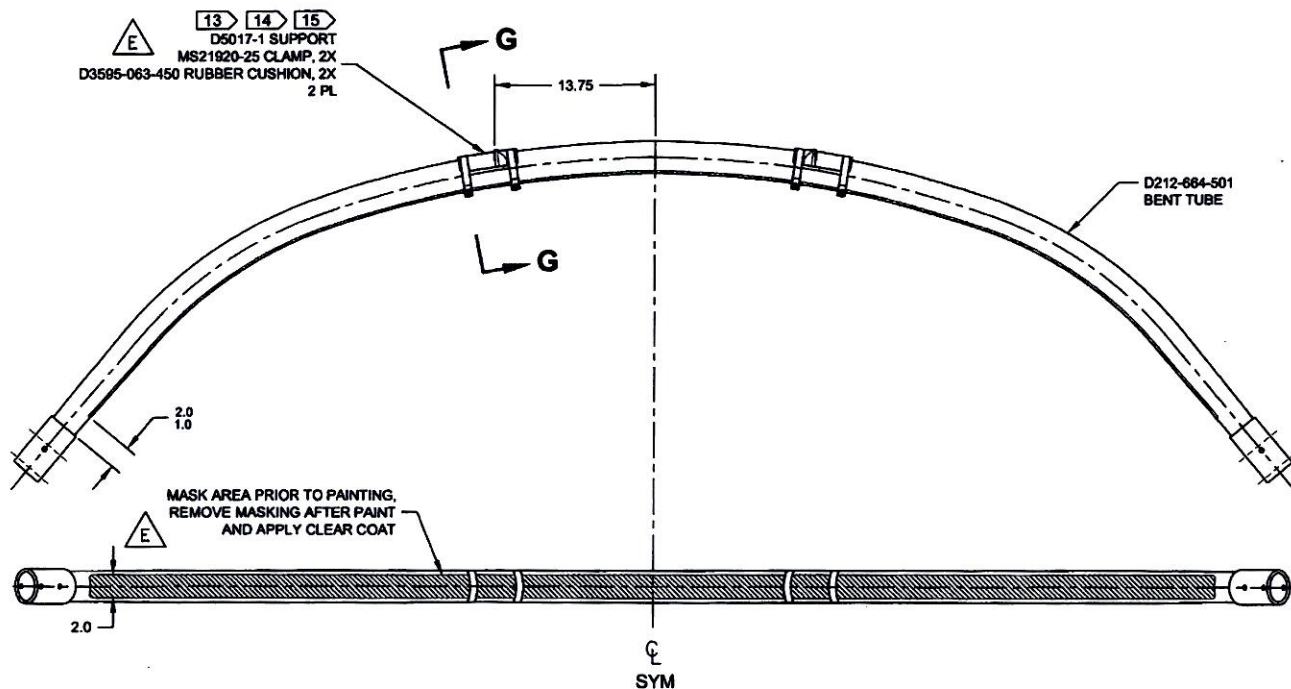


**SECTION A-A**  
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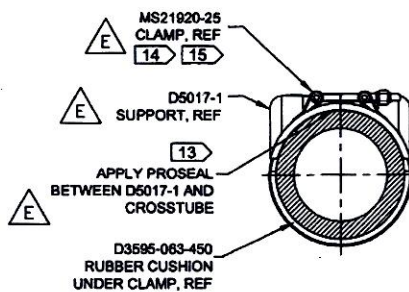
**D212-664-141/-141F**  
**ASSEMBLY DETAIL**

**RELEASED**  
2014-05-26  
JND

|            |          |                                                                                                                                                                                                                                                                                                  |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | P        | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                        |              |
| DRAWN      | P        | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                      |              |
| CHECKED    | JW       | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. E       |
| MFG. APPR. | JND      | D212-664-141                                                                                                                                                                                                                                                                                     | SHEET 2 OF 5 |
| APPROVED   | JND      | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | JND      | XTUBE ASS'Y (205/212/412 HI FWD)                                                                                                                                                                                                                                                                 | NTS          |
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**D212-664-141B**  
**ASSEMBLY DETAIL**

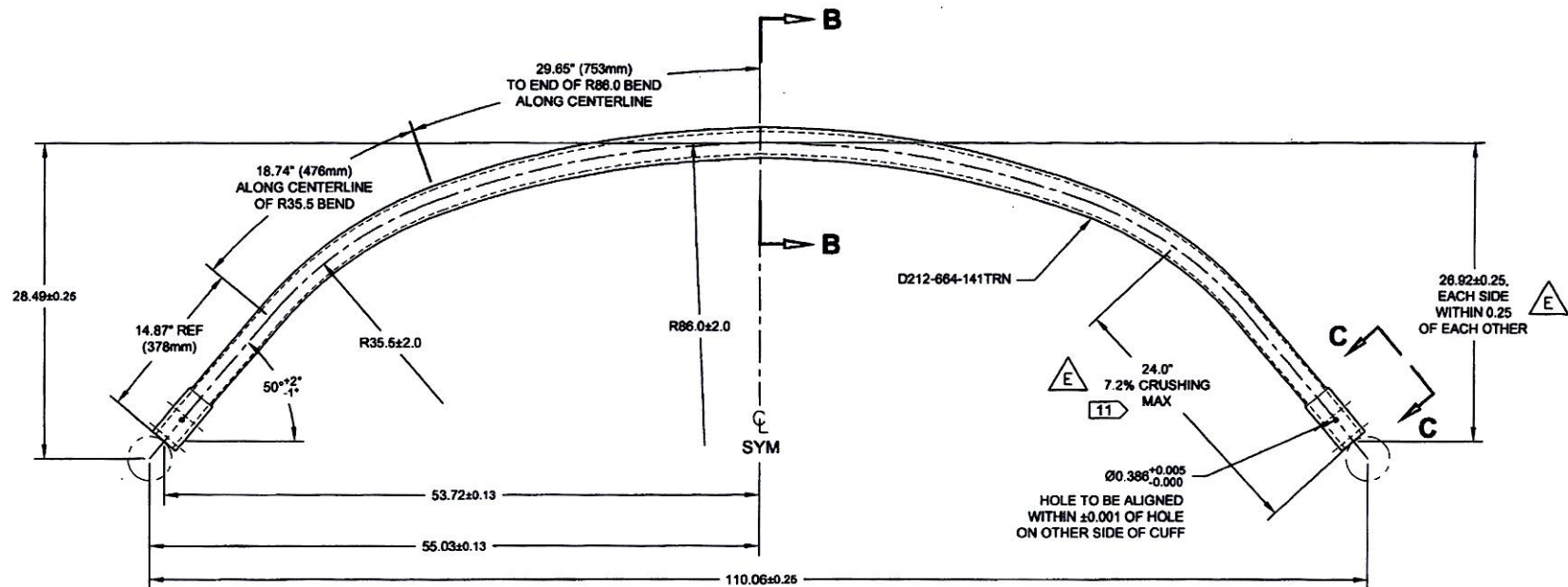


**SECTION G-G**  
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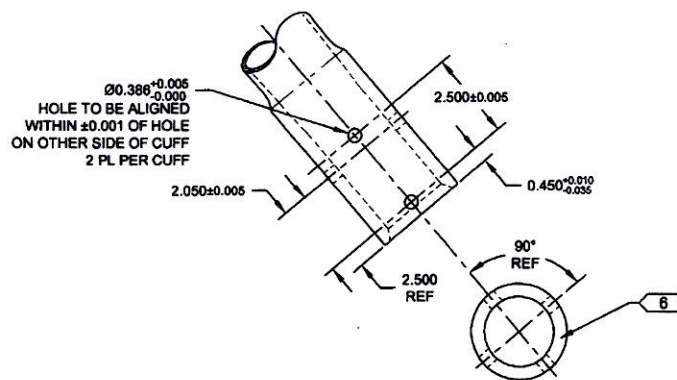
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2014-05-26

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| DESIGN     |          | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                        |              |
| DRAWN      |          | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                      |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. E       |
| MFG. APPR. |          | D212-664-141                                                                                                                                                                                                                                                                                     | SHEET 3 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   |          | XTUBE ASS'Y (205/212/412 HI FWD)                                                                                                                                                                                                                                                                 | NTS          |
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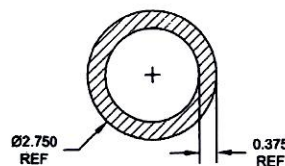
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**D212-664-501**  
**BENDING AND DRILLING DETAIL** 11



**VIEW C-C: CUFF DETAIL**  
SCALE 3X



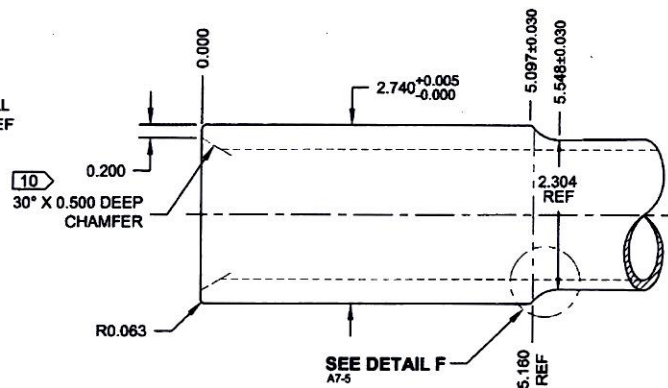
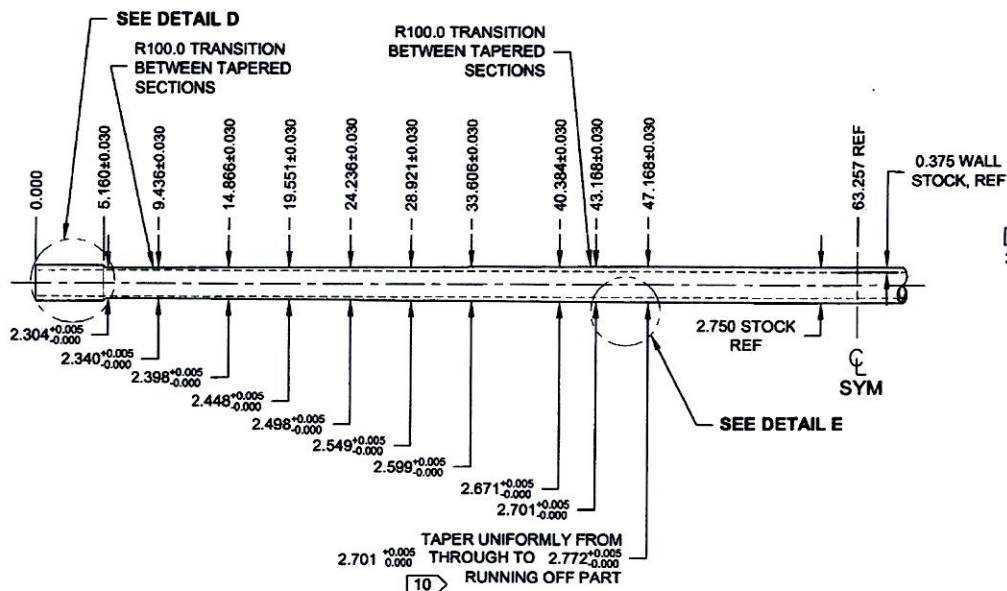
**SECTION B-B**  
SCALE 4X

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2014-05-26

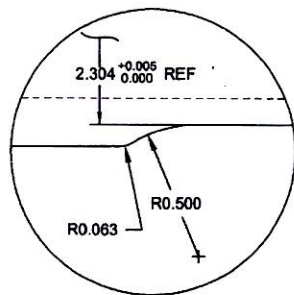
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| DESIGN     | 9        | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                                                                             |              |
| DRAWN      | 9        | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                                                                           |              |
| CHECKED    | 9        | DRAWING NO.                                                                                                                                                                                                                                                                                                                                           | REV. E       |
| MFG. APPR. | 9        | D212-664-141                                                                                                                                                                                                                                                                                                                                          | SHEET 4 OF 5 |
| APPROVED   | 9        | TITLE                                                                                                                                                                                                                                                                                                                                                 | SCALE        |
| DE APPR.   | 9        | XTUBE ASS'Y (205/212/412 HI FWD)                                                                                                                                                                                                                                                                                                                      | NTS          |
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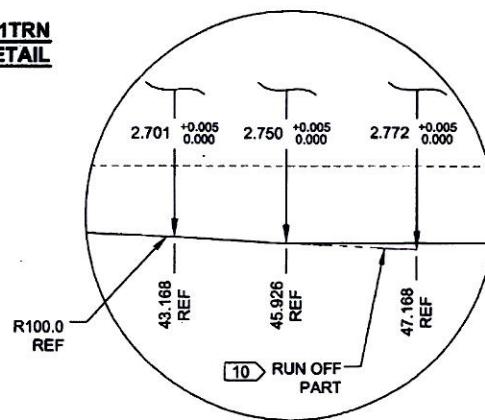




DETAIL D:  
CROSSTUBE CUFF  
SCALE 5X



DETAIL F:  
CUFF TRANSITION  
SCALE 10X



DETAIL E:  
TAPER RUN-OFF  
NOT TO SCALE

RELEASED  
2014-05-26

|                                                                                                                                                                                                                                |                                                                                       |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         |  | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          |  | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        |  | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                                     |  | D212-664-141                           | SHEET 5 OF 5 |
| APPROVED                                                                                                                                                                                                                       |  | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       |  | XTUBE ASS'Y (205/212/412 HI FWD)       | NTS          |
| DATE                                                                                                                                                                                                                           | 14.04.01                                                                              | COPYRIGHT © 2000 BY DART AEROSPACE LTD |              |
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|                                                               |                     |              |
|---------------------------------------------------------------|---------------------|--------------|
| <b>DART AEROSPACE LTD</b>                                     | <b>Work Order:</b>  | 148757       |
| <b>Description:</b> Crosstube Assembly (205/212/412 High Fwd) | <b>Part Number:</b> | D212-664-141 |
| <b>Inspection Dwg:</b> D212-664-141 Rev: E                    |                     | Page 1 of 2  |

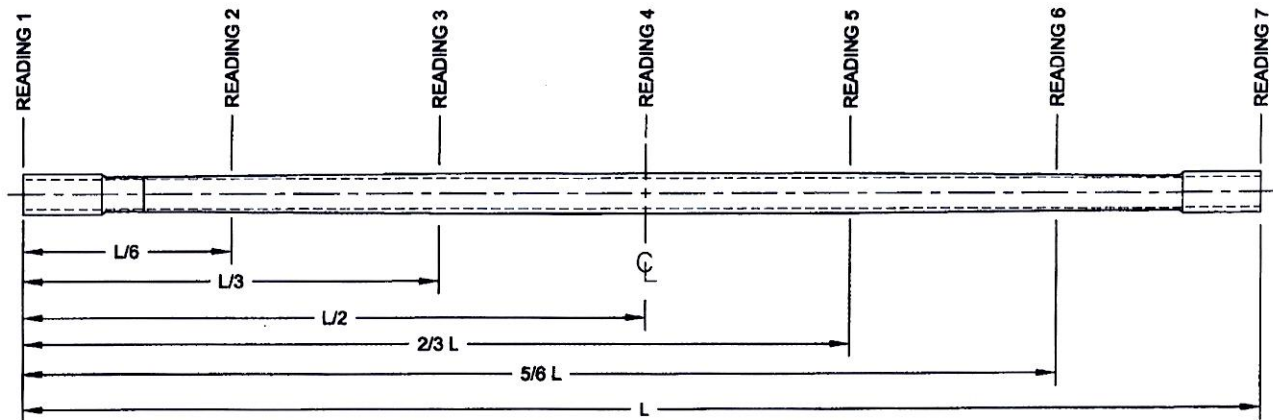
### FIRST ARTICLE INSPECTION CHECKLIST

| Inspection Sheet<br>Drawing Dimension |         | Tolerance     | Actual<br>Dimension | Accept | Reject | Method of<br>Inspection | Comments |
|---------------------------------------|---------|---------------|---------------------|--------|--------|-------------------------|----------|
| SIDE A                                | 0.200   | +/-0.010      | 0.200               | ✓      |        | Vernier                 |          |
|                                       | R0.063  | +/-0.010      | R0.063              | ✓      |        | RG                      |          |
|                                       | 2.740   | +0.005/-0.000 | 2.343               | ✓      |        | Microcath               |          |
|                                       | 5.097   | +/-0.030      | 5.097               | ✓      |        | Vernier                 |          |
|                                       | 2.304   | +0.005/-0.000 | 2.308               | ✓      |        | Microcath               |          |
|                                       | 2.340   | +0.005/-0.000 | 2.343               | ✓      |        |                         |          |
|                                       | 2.398   | +0.005/-0.000 | 2.483               | ✓      |        |                         |          |
|                                       | 2.448   | +0.005/-0.000 | 2.452               | ✓      |        |                         |          |
|                                       | 2.498   | +0.005/-0.000 | 2.502               | ✓      |        |                         |          |
|                                       | 2.549   | +0.005/-0.000 | 2.554               | ✓      |        |                         |          |
|                                       | 2.599   | +0.005/-0.000 | 2.603               | ✓      |        |                         |          |
|                                       | 2.671   | +0.005/-0.000 | 2.674               | ✓      |        |                         |          |
|                                       | 2.701   | +0.005/-0.000 | 2.704               | ✓      |        |                         |          |
|                                       |         |               |                     |        |        |                         |          |
| SIDE B                                | 0.200   | +/-0.010      | 0.200               | ✓      |        | Vernier                 |          |
|                                       | R0.063  | +/-0.010      | R0.063              | ✓      |        | RG                      |          |
|                                       | 2.740   | +0.005/-0.000 | 2.744               | ✓      |        | Microcath               |          |
|                                       | 5.097   | +/-0.030      | 5.098               | ✓      |        | Vernier                 |          |
|                                       | 2.304   | +0.005/-0.000 | 2.309               | ✓      |        | Microcath               |          |
|                                       | 2.340   | +0.005/-0.000 | 2.343               | ✓      |        |                         |          |
|                                       | 2.398   | +0.005/-0.000 | 2.483               | ✓      |        |                         |          |
|                                       | 2.448   | +0.005/-0.000 | 2.452               | ✓      |        |                         |          |
|                                       | 2.498   | +0.005/-0.000 | 2.582               | ✓      |        |                         |          |
|                                       | 2.549   | +0.005/-0.000 | 2.554               | ✓      |        |                         |          |
|                                       | 2.599   | +0.005/-0.000 | 2.604               | ✓      |        |                         |          |
|                                       | 2.671   | +0.005/-0.000 | 2.674               | ✓      |        |                         |          |
|                                       | 2.701   | +0.005/-0.000 | 2.7033              | ✓      |        |                         |          |
|                                       | 126.514 | +/-0.020      | 126.511             | ✓      |        | tape                    |          |



|                                                               |                                  |
|---------------------------------------------------------------|----------------------------------|
| <b>DART AEROSPACE LTD</b>                                     | <b>Work Order:</b> 148757        |
| <b>Description:</b> Crosstube Assembly (205/212/412 High Fwd) | <b>Part Number:</b> D212-664-141 |
| <b>Inspection Dwg:</b> D212-664-141 <b>Rev:</b> E             | <b>Page 2 of 2</b>               |

### WALL THICKNESS MEASUREMENT



| Location                | WALL THICKNESS MEASUREMENT (IN) |     |     |     | Deviation<br>$\Delta w$<br>(max-min) | TOLERANCE |
|-------------------------|---------------------------------|-----|-----|-----|--------------------------------------|-----------|
|                         | w1                              | w2  | w3  | w4  |                                      |           |
| READING 1<br>L= 0"      | 383                             | 386 | 379 | 369 | 0.017                                | 0.048"    |
| READING 2<br>L= 21.086  | 250                             | 253 | 237 | 230 | 0.023                                |           |
| READING 3<br>L= 42.172  | 365                             | 364 | 357 | 351 | 0.014                                |           |
| READING 4<br>L= 63.258  | 384                             | 379 | 389 | 389 | 0.010                                |           |
| READING 5<br>L= 84.344  | 363                             | 356 | 353 | 356 | 0.010                                |           |
| READING 6<br>L= 105.43  | 257                             | 236 | 230 | 227 | 0.030                                |           |
| READING 7<br>L= 126.514 | 388                             | 388 | 373 | 350 | 0.015                                |           |

#### Calibration Result

Actual Block Thickness: 100-500  
SITESCAN 250 Measured Thickness: 100-500

DAS  
49  
7-89

48  
19  
19

DAS  
47  
9-89

**Measured by:** [Signature]  
**Date:** 16/7/12

**Audited by:** [Signature]  
**Date:** 16-07-19

**Preliminary Approval:**  
**Date:**

| Rev | Date     | Change                             | Revised by | Approved |
|-----|----------|------------------------------------|------------|----------|
| C   | 07.05.28 | Dwg Rev updated (P/O D412-664-101) | KJ/JLM     |          |
| D   | 10.02.02 | Dimension 126.514 was 126.51       | KJ         |          |
| E   | 12.06.04 | Wall thickness form added          | KJ         |          |
| F   | 14.06.05 | Dwg Rev updated                    | KJ         |          |